



Council on Sex Offender Treatment

Use of the Penile Plethysmograph (PPG) in the Assessment and Treatment of Sex Offenders

Over the past 20 years, the plethysmograph has evolved into a sophisticated computerized instrument capable of measuring slight changes in the circumference of the penis. Plethysmograph is a diagnostic method used to assess sexual arousal by measuring the blood flow (tumescence) to the penis during the presentation of sexual stimuli (audio/visual) in a laboratory setting. The plethysmograph provides the identification of clients' arousal in response to sexual stimuli and the evaluation of therapeutic efficacy. If offenders are internalizing methods taught to control their deviant arousal, there is a decrease in deviant arousal and an increase to positive appropriate arousal. There are over 350 published research papers in the scientific literature that document its validity and reliability as an assessment procedure (Kercher, 1993).

Sex offenders, especially highly compulsive offenders, have been found to ruminate over sexual fantasies involving the offense pattern, and phallometric assessments have been among the most successful at discriminating between groups of sex offenders and non-sex offenders. Additionally, those sex offenders with the most deviant phallometry patterns have been found to have the highest recidivism (Lane Council, 2003).

Phallometric testing provides objective information about male sexual arousal and is therefore useful for identifying deviant sexual interests during an evaluation, increasing client disclosure, and measuring changes in sexual arousal patterns over the course of treatment. Phallometric test results are interpreted in conjunction with other relevant information to determine risk and treatment needs. Research indicates that initial phallometric assessment results are linked with recidivism (ATSA, 2005).

Many sex offenders either deny their culpability or minimize the extent of their interest in and involvement with sexual offending behavior. Attempting to treat an offender who either denies engaging in any deviant sexual behavior or minimizes the extent of his or her deviant psycho-sexual functioning is likely to result in ineffective treatment and continuing risk that the offender will reoffend (Kercher, 1993).

It is well established that the self-report of sex offenders cannot be assumed to be valid or to indicate the scope of the offender's deviant fantasies, arousal patterns, or behaviors. One of the most powerful means of breaking through the offender's denial is psychophysiological assessment of sexual arousal patterns. Many offenders reveal their deviant sexual interests when they are shown their positive physiologic responses to sexually inappropriate stimuli (Kercher, 1993). Increased reporting of deviant sexual interests positively affects the outcome of treatment, since treatment is tailored to address all of the offender's sexual interests.

Once an offender's deviant sexual arousal patterns have been identified, treatment interventions can be introduced which are designed to reduce or eliminate these deviant response patterns. Behavioral treatment teaches the offender the sequence of events leading to the commission of his deviant behavior and then provides the offender with specific methods to disrupt the offense cycle.

It should be noted that the PPG has limitations. The PPG cannot assess 25% of the population due to medical or gender reasons. In these cases, the Visual Reaction Time (VRT) is an alternative instrument, which may be utilized.

Reasons for a Dynamic Assessment

The detection of dynamic factors that are associated with sexual offending behavior is significant, because these characteristics can serve as the focus of intervention. However, many recidivism studies have focused almost exclusively on static factors, since they are most readily available from case files. Static, or historical, factors help us to understand etiology and permit predictions of relative likelihood of re-offending. Dynamic factors take into account changes over time that adjust static risk and inform us about the types of interventions that are most useful in lowering risk (Bynum, 2001).

- The following are excellent predictors of recidivism: preference for violence or sadism during rape, degree of psychopathy, and arousal to pre-pubescent children (Quinsey, Chaplin, 1988). Strength of deviant sexual interest or extent of fixation on the deviant sexual object or sexual mode (such as use of force) has uniformly, and not surprisingly, been found to be associated with higher recidivism (Lane Council, 2003).
Rice and Harris (1997) reported that the combination of psychopathy, measured by the PCL-R, and sexual deviancy, based on phallometric test results, resulted in the highest recidivism in their sample of sex offenders (Wakefield, 1998).
- Research uniformly indicates that sex offenders who are psychopathic recidivate sooner, more frequently, and more violently than less psychopathic sex offenders. The PCL-R is divided into two broad factors, the first being a psychopathic personality style (egocentric, glib, callous, exploitive), and the second being a history of impulsive and antisocial behavior (childhood conduct problems, breadth of criminal history, irresponsibility, revocation of conditional release) (Lane Council, 2003).
- The ideal assessment regiment for sex offender in the prediction of violent sex offender dangerousness is the degree of psychopathy, age choice of victim, and violence/sadism (Turvey, 1996).
- The Hanson & Bourgon 2004 study confirmed that deviant sexual interest and antisocial orientation as important recidivism predictors for sexual offenders, and added empirically established risk factors. The study concluded that individuals with identifiable interest in deviant sexual activities were among those most likely to continue sexual offending. The evidence was strongest for sexual interest in children and for general paraphilias (e.g. exhibitionism, voyeurism).
- Regression analysis revealed correlations between recidivism and a variety of predictor variables including the HARE Psychopathy Checklist scores, criminal

history (sexual and non-sexual), and physiological measure of sexual arousal (Belanger & Earls, 1993).

- An influential factor in sexual recidivism is the nature of the offender's sexual preferences and sexually deviant interests. Interventions that strive to facilitate development of positive dynamic factors in sex offenders are consistent with cognitive-behavioral approaches to treatment (Bynum, 2001).

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